

Fill in this information to identify the case:

Debtor name **Uplift Rx, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **17-32186** Check if this is an amended filing

## Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **402,885.85****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **402,885.85****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **29,076,663.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **64,870.01****4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ **29,141,533.01**

## Fill in this information to identify the case:

Debtor name **Uplift Rx, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **17-32186** Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****\$151.67****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Zions Bank****Checking****2885****\$0.00**3.2. **Zions Bank  
(in the name of the former entity Twin Lakes Pharmacy, LLC)****Checking****6225****\$63,439.52**3.3. **Wells Fargo Bank  
(in the name of the former entity Twin Lakes Pharmacy, LLC)****Checking****6309****\$8,285.87****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$71,877.06****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor Uplift Rx, LLCCase number (*If known*) 17-32186

Name

Description, including name of holder of deposit

7.1. MGP Enterprises - security deposit \$5,127.477.2. Global Realty & Management - security deposit \$2,787.008. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. Prepaid shipping with Endicia \$1,005.479. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$8,919.94****Part 3: Accounts receivable**

## 10. Does the debtor have any accounts receivable?

 No. Go to Part 4. Yes Fill in the information below.11. **Accounts receivable**

11a. 90 days old or less:	<u>163,271.00</u>	-	<u>0.00</u>	= ....	<u>\$163,271.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>174,775.00</u>	-	<u>90,919.00</u>	=....	<u>\$83,856.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$247,127.00****Part 4: Investments**

## 13. Does the debtor own any investments?

 No. Go to Part 5. Yes Fill in the information below.**Part 5: Inventory, excluding agriculture assets**

## 18. Does the debtor own any inventory (excluding agriculture assets)?

 No. Go to Part 6. Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**20. **Work in progress**

Debtor Uplift Rx, LLC \_\_\_\_\_ Case number (*If known*) 17-32186 \_\_\_\_\_  
 Name \_\_\_\_\_

21. **Finished goods, including goods held for resale**  
Inventory \_\_\_\_\_ \$36,008.18 \_\_\_\_\_ \$36,008.18 \_\_\_\_\_

22. **Other inventory or supplies**

23. **Total of Part 5.** \_\_\_\_\_ **\$36,008.18** \_\_\_\_\_  
 Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- No  
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- No  
 Yes. Book value 4525 Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

4525

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. **Office furniture**  
Office furniture \_\_\_\_\_ \$8,169.28 \_\_\_\_\_ \$8,169.28 \_\_\_\_\_

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \_\_\_\_\_ **\$8,169.28** \_\_\_\_\_  
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No  
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No  
 Yes

Debtor Uplift Rx, LLC  
Name

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**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.  
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

<u>Miscellaneous equipment</u>	<u>\$1,268.63</u>	<u>\$1,268.63</u>
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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$1,268.63

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No  
 Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes Fill in the information below.

**Current value of  
debtor's interest**

71. **Notes receivable**

Debtor **Uplift Rx, LLC**

Name

Case number (*If known*) **17-32186**

Description (include name of obligor)

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**73. Interests in insurance policies or annuities****74. Causes of action against third parties (whether or not a lawsuit has been filed)****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** Examples: Season tickets, country club membership**Zions Bank**(in the name of the former entity Twin Lakes Pharmacy,  
LLC)

(\$29,515.76 seized by US Attorney on 2/24/2017)

**\$29,515.76****78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$29,515.76****79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No  
 Yes

Debtor Uplift Rx, LLC  
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Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$71,877.06</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$8,919.94</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$247,127.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$36,008.18</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$8,169.28</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$1,268.63</u>	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$29,515.76</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$402,885.85</u>	<u>+ 91b. \$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$402,885.85</u>

Fill in this information to identify the case:

Debtor name Uplift Rx, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

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Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	<b>Zions First National Bank</b>  Creditor's Name <b>Corporate Banking Group</b> <b>One South Main Street</b> <b>Suite 200</b> <b>Salt Lake City, UT 84133</b>  Creditor's mailing address	Describe debtor's property that is subject to a lien  1) term loan \$19,719,689 2) revolving line of credit \$9,356,974	<b>\$29,076,663.00</b>  <b>\$27,303,400.00</b>
<b>Describe the lien</b>			
<b>Is the creditor an insider or related party?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Is anyone else liable on this claim?</b>			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)			
<b>As of the petition filing date, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Disputed			
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.			<b>\$29,076,663. 00</b>

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Brett Tolman  
Ray, Quinney & Nebeker  
36 South State Street  
Suite 1400  
Salt Lake City, UT 84111

Line 2.1

Debtor Uplift Rx, LLC  
Name \_\_\_\_\_

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**Donald L. Rands**  
**Zions First National Bank**  
**One South Main Street**  
**Suite 200**  
**Salt Lake City, UT 84133**

Line 2.1

## Fill in this information to identify the case:

Debtor name **Uplift Rx, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **17-32186** Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	<b>Total claim</b>	<b>Priority amount</b>
<b>2.1</b>	<b>Unknown</b>	<b>Unknown</b>
Priority creditor's name and mailing address <b>Harris County Tax Assessor 5300 Griggs Road Houston, TX 77021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: <b>for notice purposes</b>	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<b>2.2</b>	<b>Unknown</b>	<b>Unknown</b>
Priority creditor's name and mailing address <b>Internal Revenue Service Centralized Insolvency Ops PO Box 7346 Philadelphia, PA 19101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: <b>for notice purposes</b>	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	<b>Uplift Rx, LLC</b>	Case number (if known)	<b>17-32186</b>
	Name		
2.3	<p>Priority creditor's name and mailing address  <b>Texas Dept. of Revenue</b>  <b>Texas State Comptroller</b>  <b>P.O. Box 13528</b>  <b>Austin, TX 78711-3528</b></p>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred		
	Last 4 digits of account number	Basis for the claim: <b>for notice purposes</b>	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.4	<p>Priority creditor's name and mailing address  <b>Utah State Tax Commission</b>  <b>210 North 1950 West</b>  <b>Salt Lake City, UT 84134</b></p>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred		
	Last 4 digits of account number	Basis for the claim: <b>for notice purposes</b>	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>	
3.1	<p>Nonpriority creditor's name and mailing address  <b>ADT Security Services Inc.</b>  <b>Po Box 371956</b>  <b>Pittsburgh, PA 15250-7956</b></p> <p>Date(s) debt was incurred <u>2016-2017</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Other-Utility</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<b>\$118.09</b>
3.2	<p>Nonpriority creditor's name and mailing address  <b>Anda, Inc</b>  <b>2915 Weston Rd</b>  <b>Weston, FL 33331</b></p> <p>Date(s) debt was incurred <u>2016-2017</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Product</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<b>\$742.27</b>
3.3	<p>Nonpriority creditor's name and mailing address  <b>Auburn Pharmaceutical Co</b>  <b>PO Box 72216</b>  <b>Cleveland, OH 44192-2216</b></p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Product</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<b>\$1,527.00</b>

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Name			
3.4	Nonpriority creditor's name and mailing address  <b>Blupax Pharmaceuticals, LLC</b> 160 Raritan Center Parkway Unit 1 Edison, NJ 08837	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,122.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred <u>2017</u>	Basis for the claim: <u>Product</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address  <b>Comcast Business</b> PO Box 7660618 Dallas, TX 75266	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: <u>for notice purposes</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address  <b>EqyInvest Owner II, Ltd, LLP</b> Copperfield Crossing- JP Morgan Chase Ba PO Box 730373 Dallas, Tx 75373-0373	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,829.00
	Date(s) debt was incurred <u>2017</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: <u>Other-G&amp;A</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address  <b>First Digital Telecom</b> PO Box 1499 Salt Lake City, UT 84110-1499	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23,445.47
	Date(s) debt was incurred <u>2016</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: <u>IT</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address  <b>Foundation Systems, Inc</b> 890 East 700 North American Fork, UT 84003	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$848.28
	Date(s) debt was incurred <u>2016-2017</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: <u>IT</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address  <b>IC Group</b> 4080 South 500 West Salt Lake City, UT 84123	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,555.30
	Date(s) debt was incurred <u>2017</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: <u>Other-Services</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address  <b>Johnson &amp; Johnson/LifeScan</b> Patterson Belknap Webb & Tyler LLP 1133 Avenue of the Americas New York, NY 10036-6731	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
	Date(s) debt was incurred _____	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: <u>potential claim</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<u>Uplift Rx, LLC</u>	Case number (if known)	<u>17-32186</u>
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3.11	Nonpriority creditor's name and mailing address <b>Kross Pharmaceuticals</b> 5406 W 1100 N #103403 Highland, UT 84003  Date(s) debt was incurred <u>2016-2017</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,995.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim: Product</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address <b>Pharmaco Technology</b> 13727 Noel Road Tower II, Suite 200 Dallas, Tx 75240  Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,890.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim: Product</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address <b>PharmaLink, Inc.</b> 11211 69th Street North Largo, FL 33773  Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,590.83
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim: Other</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address <b>Rasi</b> <b>Registered Agent Solutions Inc</b> 1701 Directors Blvd Suite 300 Austin, TX 78744  Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$75.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim: Legal</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address <b>River City Pharma</b> PO Box 713774 Cincinnati, OH 45271-3774  Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,533.96
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim: Product</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address <b>Roche</b> <b>Patterson Belknap Webb &amp; Tyler LLP</b> 1133 Avenue of the Americas New York, NY 10036  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: potential claim</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address <b>RPH on the Go USA, Inc.</b> Dept. CH 14430 Palatine, IL 60055-4430  Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,715.57
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim: Other-Services</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Uplift Rx, LLC</b>	Case number (if known)	<b>17-32186</b>
Name			
3.18	Nonpriority creditor's name and mailing address <b>Safeway Distributors, Inc.</b> 15851 SW 41st St. Suite 600 Davie, FL 33331	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,650.00
	Date(s) debt was incurred <u>2017</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: Product</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> PO Box 83689 Chicago, IL 60696-3689	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$162.98
	Date(s) debt was incurred <u>2017</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: Other-G&amp;A</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address <b>US Attorney</b> 111 South Main Street Salt Lake City, UT 84111	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
	Date(s) debt was incurred <u>2/22/2017</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: product sales investigation</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address <b>XOOM Energy Texas</b> PO Box 650411 Dallas, Tx 75265-0411	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$69.26
	Date(s) debt was incurred <u>2017</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: Other-Utility</b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

- 5a. Total claims from Part 1  
5b. Total claims from Part 2

- 5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	<b>0.00</b>
5b.	+	\$ <b>64,870.01</b>
5c.	\$	<b>64,870.01</b>

## Fill in this information to identify the case:

Debtor name Uplift Rx, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 17-32186 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **security services**State the term remaining **evergreen**

List the contract number of any government contract \_\_\_\_\_

**ADT Security Services, Inc.**  
PO Box 371878  
Pittsburgh, PA 152502.2. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Benefit Management**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CVS Caremark**  
Provider Enrollment MC 129  
9501 E. Shea Blvd.  
Scottsdale, AZ 852602.3. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Benefit Management**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**EnvisionRx Options**  
2181 East Aurora Road  
Suite 201  
Twinsburg, OH 440872.4. State what the contract or lease is for and the nature of the debtor's interest **property lease**State the term remaining **thru 5/31/2017**

List the contract number of any government contract \_\_\_\_\_

**EQY Invest Owner II Ltd., LLP**  
Copperfield Crossing - JP Morgan Chase  
PO Box 730373  
Dallas, TX 75373

Debtor 1 **Uplift Rx, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**17-32186****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining

**Express Scripts**  
**Network Contracting Management**  
**One Express Way**  
**Saint Louis, MO 63121**

List the contract number of any government contract

2.6. State what the contract or lease is for and the nature of the debtor's interest

**IT services**

State the term remaining

**FirstDigital Telecom**  
**90 South 400 West**  
**Suite M-100**  
**Salt Lake City, UT 84101**

List the contract number of any government contract

2.7. State what the contract or lease is for and the nature of the debtor's interest

**IT services**

State the term remaining

**FirstDigital Telecom**  
**90 South 400 West**  
**Suite M-100**  
**Salt Lake City, UT 84101**

List the contract number of any government contract

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining

**Gateway Pharmacy Networks**  
**PO Box 307**  
**Bellbrook, OH 45305**

List the contract number of any government contract

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining

**MeridianRx**  
**1 Campus Martius**  
**Suite 750**  
**Detroit, MI 48226**

List the contract number of any government contract

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining

**Navitus**  
**2601 West Beltline Highway**  
**Suite 600**  
**Madison, WI 53713**

List the contract number of any government contract

Debtor 1 **Uplift Rx, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**17-32186****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract \_\_\_\_\_

- 2.11. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining \_\_\_\_\_

**NetCard Systems/Welldyne**  
**7472 S. Tucson Way**  
**Suite 100**  
**Centennial, CO 80112**

List the contract number of any government contract \_\_\_\_\_

- 2.12. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining \_\_\_\_\_

**OptumRx**  
**11000 Optum Circle**  
**Eden Prairie, MN 55344-2503**

List the contract number of any government contract \_\_\_\_\_

- 2.13. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining \_\_\_\_\_

**Pharmacy Data Management, Inc.**  
**1170 E. Western Reserve Road**  
**Poland, OH 44514**

List the contract number of any government contract \_\_\_\_\_

- 2.14. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining \_\_\_\_\_

**ProCare Rx**  
**1267 Professional Parkway**  
**Gainesville, GA 30507**

List the contract number of any government contract \_\_\_\_\_

- 2.15. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining \_\_\_\_\_

**Script Care LTD/Tredium Solutions**  
**6380 Folsom Drive**  
**Beaumont, TX 77706**

List the contract number of any government contract \_\_\_\_\_

- 2.16. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

**Southern Scripts**  
**407 Bienville Street**  
**Natchitoches, LA 71457**

Debtor 1 **Uplift Rx, LLC**

First Name

Middle Name

Last Name

Case number (*if known*)**17-32186****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.17. State what the contract or lease is for and the nature of the debtor's interest

**Pharmacy Benefit Management**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**US Script  
5 River Park Place E.  
#210  
Fresno, CA 93720**

Fill in this information to identify the case:

Debtor name Uplift Rx, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 17-32186

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

#### 2.1 See Attachment

Zions First National Bank

D 2.1  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

#### 2.2 Marcus Pinnock

5338 Cottonwood Lane  
Holladay, UT 84117

EQY Invest Owner II  
Ltd., LLP

D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.1

## Attachment to Schedule H

Schedule of Loan Parties

ALLIANCE MEDICAL HOLDINGS, LLC	a Delaware limited liability company
ALLIANCE HEALTH NETWORKS, L.L.C.	a Delaware limited liability company
ALLIANCE MEDICAL ADMINISTRATION, INC.	a Utah corporation
ALTA DISTRIBUTORS, LLC	a Delaware limited liability company
AHN HOLDING COMPANY LLC	a Delaware limited liability company
CANYON MEDICAL, LLC	a Delaware limited liability company
CENTRAL MEDICAL, LLC	a Delaware limited liability company
CHRONIC CARE HEALTH FOUNDATION, LLC	a Delaware limited liability company
CLOUD MANAGEMENT, LLC	a Delaware limited liability company
COTTONWOOD PHARMACY, LLC	a Utah limited liability company
CSL CAPITAL HOLDINGS, LLC	a Delaware limited liability company
EAT GREAT CAFÉ, LLC	a Utah limited liability company
INGRAM DIABETIC, LLC	a Utah limited liability company
INGRAM MEDICAL ADMINISTRATION, INC.	a Utah corporation
JTK MEDICAL, LLC	a Delaware limited liability company
NEW LIFE PHARMACY, LLC	a Utah limited liability company
OLLIN PHARMACEUTICAL, LLC f/k/a SP DIABETIC, LLC	a Utah limited liability company
PEACH MEDICAL HOLDINGS, LLC	a Delaware limited liability company
SKYLINE HEALTH SERVICES, LLC	a Delaware limited liability company
STEEL MEDICAL, LLC	a Delaware limited liability company
STONYBROOK PHARMACY, LLC	a Nebraska limited liability company
WARNER DIABETIC, LLC	a Utah limited liability company
WHITE CAPITAL MANAGEMENT, LLC	a Delaware limited liability company
ALAMEDA RX HOLDINGS, LLC	a Delaware limited liability company
BELLE PHARMACY, LLC	a Texas limited liability company
BENSON PHARMACY, INC.	a California corporation
BERKSHIRE PHARMACY, LLC	a Pennsylvania limited liability company
BEST RX, LLC	an Ohio limited liability company
BEST RX HOLDINGS, LLC	a Delaware limited liability company
BETTER CARE RX HOLDINGS, LLC	a Delaware limited liability company
BRIDGESTONE PHARMACY, LLC	a Delaware limited liability company
BRIDGESTONE PHARMACY HOLDINGS, LLC	a Tennessee limited liability company
BROOKHILL PHARMACY, LLC	a North Carolina limited liability company
BROOKSIDERX, LLC	a Nebraska limited liability company
BROOKSIDERX HOLDINGS, LLC	a Delaware limited liability company
BUBBA'S RX HOLDINGS, LLC	a Delaware limited liability company
BURBANK PHARMACY, LLC	a Louisiana limited liability company
CANYONS PHARMACY, LLC	a Pennsylvania limited liability company

CHARLESTON RX, LLC	a South Carolina limited liability company
CHARLESTON RX HOLDINGS, LLC	a Delaware limited liability company
CHESHIRE PHARMACY, LLC	a Georgia limited liability company
CHESHIRE RX HOLDINGS, LLC	a Delaware limited liability company
CONOLY PHARMACY, LLC	a Texas limited liability company
CONOLY PHARMACY HOLDINGS, LLC	a Delaware limited liability company
CRESTWELL PHARMACY HOLDINGS, LLC	a Delaware limited liability company
DELANEY PHARMACY, LLC	a Kentucky limited liability company
EL DORADO RX HOLDINGS, LLC	a Delaware limited liability company
GALENA PHARMACY, LLC	a Pennsylvania limited liability company
GALENA PHARMACY HOLDINGS, LLC	a Delaware limited liability company
GARNETT PHARMACY, LLC	a New York limited liability company
GENEVA PHARMACY, LLC	a Nebraska limited liability company
GENEVA RX HOLDINGS, LLC	a Delaware limited liability company
GENSHAI HOLDINGS, LLC	a Delaware limited liability company
GLENDALE SQUARE RX, INC.	a California corporation
GOODMAN PHARMACY, LLC	a Mississippi limited liability company
GOOD WAVE, LLC	a Delaware limited liability company
HAWKINS PHARMACY HOLDINGS, LLC	a Delaware limited liability company
HAWTHORNE PHARMACY, LLC	an Ohio limited liability company
HAWTHORNE RX HOLDINGS, LLC	a Delaware limited liability company
HAZELWOOD PHARMACY, LLC	a Missouri limited liability company
HEALTH RX HOLDINGS, LLC	a Delaware limited liability company
HEALTH SAVER RX, LLC	a North Carolina limited liability company
HEALTH SAVER HOLDINGS, LLC	a Delaware limited liability company
IMPROVE RX, LLC	a Michigan limited liability company
IMPROVE RX HOLDINGS, LLC	a Delaware limited liability company
IMPROVE RX HOLDINGS, LLC	a Delaware limited liability company
INNOVATIVE RX, LLC	a Utah limited liability company
INNOVATIVE RX HOLDINGS, LLC	a Delaware limited liability company
INSIGHT RX HOLDINGS, LLC	a Delaware limited liability company
KENDALL PHARMACY, INC.	a California corporation
LIVING AGAIN HOLDING CO., LLC	a Delaware limited liability company
LOCKEFORD RX, INC.	a California corporation
LOCKEFORD RX HOLDINGS, LLC	a Delaware limited liability company
LONE PEAK RX, LLC	a Utah limited liability company
MED MART HOLDINGS, LLC	a Delaware limited liability company
MEDINA PHARMACY, LLC	a Texas limited liability company
NAMASTE CAPITAL HOLDINGS, LLC	a Delaware limited liability company
NEW JERSEY RX, LLC	a New Jersey limited liability company
NEW JERSEY RX HOLDINGS, LLC	a Delaware limited liability company
NEWTON RX, LLC	a New Jersey limited liability company
NEWTON RX HOLDINGS, LLC	a Delaware limited liability company
OAK CREEK RX, LLC	a Nebraska limited liability company
OAK CREEK PHARMACY HOLDINGS, LLC	a Delaware limited liability company
OHANA RX, LLC	a New York limited liability company

OHANA PHARMACY HOLDINGS, LLC	a Delaware limited liability company
ON TRACK RX, LLC	a Florida limited liability company
ON TRACK RX HOLDINGS, LLC	a Delaware limited liability company
OSCEOLA RX HOLDINGS, LLC	a Delaware limited liability company
OSCEOLA CLINIC PHARMACY, LLC	a Florida limited liability company
PHARMACARE HOLDINGS, LLC	a Delaware limited liability company
PHILADELPHIA PHARMACY HOLDINGS, LLC	a Delaware limited liability company
PINEVIEW RX HOLDINGS, LLC	a Delaware limited liability company
PINNACLE PHARMACY SOLUTIONS, LLC	an Arizona limited liability company
PRO RX HOLDINGS, LLC	a Delaware limited liability company
RAVEN PHARMACY, LLC	a Maryland limited liability company
RAVEN PHARMACY HOLDINGS, LLC	a Delaware limited liability company
RICHARDSON PHARMACY, LLC	a Texas limited liability company
RIVERBEND PRESCRIPTION SERVICES, LLC	a Utah limited liability company
RIVERFRONT RX, LLC	an Iowa limited liability company
RX PRO HOLDING CO, LLC	a Delaware limited liability company
RX SOLUTIONS HOLDINGS, LLC	a Delaware limited liability company
SMART RX HOLDINGS, LLC	a Delaware limited liability company
UINTA RX, LLC	an Illinois limited liability company
UINTA RX HOLDINGS, LLC	a Delaware limited liability company
UPLIFT RX, LLC	a Texas limited liability company
UPLIFT RX HOLDINGS, LLC	a Delaware limited liability company
VITALITY HOLDINGS, LLC	a Delaware limited liability company
WAVERLY PHARMACY, LLC	a Virginia limited liability company
WOODWARD DRUGS, LLC	a Michigan limited liability company
WOODWARD RX HOLDINGS, LLC	a Delaware limited liability company